## Labor Organization Officer and Employee Report

## U.S. Department of bor





This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved OMB No. 1215-0188 Expires 07-31-2004

. Name and address of person filing	1.	2. Name and address of	d lobor exercisation	-00-0
Edgar Romney, Secretary Treasurer UNITE General Office		Name and address t	n labor organization	
275 Seventh Avenue, 11th Floor New York, NY 10001				
Position in labor organization 4. Date fiscal year 12/31/2002		ded	5. File number (if ass	igned)
Enter appropriate data below if, during the past	fiscal year, you or your	spouse or minor chik		any of the following in-
terests (except as specified in the exclusions se	t forth in the instruction	ns):		*
<ul> <li>Held an interest in, engaged in transactions employer whose employees your organization</li> </ul>	(including loans) with, on represents or is acti	or derived income or overly seeking to represe	other economic benefit of int.	monetary value from an
5. Name of Employer	,	Address of Employer	275 Seventh Avenue, 11th Floor	
UNITE			New York, NY 10001	11001
7. Nature of Interest, Transaction or Income				
Member of the Board of Diseast-	-5.331.3.0			
Member of the Board of Directors	of Amalgamated Ba	nk and Shareholde	r of same	
Held an interest in or derived income or econor	mic benefit with monetar	v value from a busine	ee (1) a substantial part of	which consists of busine
from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which co organization or with a trust in which your labor o	with the business of an example of the control of t	employer whose emplo selling or leasing direct	vees your labor organization	represents or is actively
Name of business	. /	ddress of business		
Amalgamated Bank Of New York			15 Union Square	
. Business deals with—	- 1,	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	New York, NY 10003	
. Dodrieso Oceae William	. '	U. II 98 Or 9C IS Check	ed give trust or employer's	name
☐ A. Labor Organization ☐ B. Trust	C. Employer			*
1. Nature and approximate dollar value of such deal	lings			
Class A/Voting Shares and	Aremco/Preffered I	3 Shares valued a	\$305.00 per share	
Nature of interest held or income received				(00)
. ******				Redd 2
\$681.42				OCT 292003
				THE DROP
Received from any employer (other than an early payment of money or other thing of value	employer covered under	parts A and B above) o	r from any labor relations of	onsultant to an employer
Name and address of employer      or	consultant   1	4. Nature of payment		
None				
море		None		
IF MORE S	SPACE IS NEEDED AT	TACH ADDITIONAL S	SHEET\$	
Signature and verification—The undersigned of	declares, under the appli	cable penalties of the la	w. that all of the information	o in this report, including
the attachments incorporated therein or referred correct and complete.	d to in this report, has be	een examined by him a	nd is, to the best of his kn	owledge and belief, true,
and I'm (my	at New York, NY			
gree. c - y - r C	City		State	on
	- J		State	Date